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CHARTER VESSEL PROGRAM APPLICATION for INSPECTED PASSENGER VESSELS

INSURED INFORMATION

Name of Insured (as will read on the policy): _____

Corporate Name (if any): _____ Effective Date: _____

Is Corporation for sole purpose of ownership of vessel? Yes No N/A

Address: _____

Phone: Home: _____ Bus: _____

Email/Website: _____

Present Insurer: _____ Expiration Date: _____

Prior Vessels Owned or Operated:	YEAR	TYPE	LENGTH	HOW LONG OWNED
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Losses in past 5 years? (on any vessel): Yes No

If yes, please list date, type, amount and status.

Hull Claims: _____

P&I Claims: _____

VESSEL INFORMATION

Vessel Name: _____

Year: _____ Make: _____ Model: _____

Length: _____ Construction: Steel Fiberglass Wood Aluminum Other: _____

Hull ID/Serial #: _____ Doc. #: _____

Date of Vessel's Last Survey: _____ Surveyed by whom: _____

Purchase Date: (MM/DD/YYYY) _____ Purchase Price: _____ Amount Financed: _____

Loss Payee: _____

Address: _____

Engine Manufacturer: _____ Serial Numbers: P _____ S _____

Year: _____ H.P Per Engine: _____ Max Speed: _____

NUMBER: Single Twin TYPE: Gas Diesel

Is vessel equipped with the following:

- Yes No High Water Level Alarm (Outboard only)
- Yes No Fume Detectors
- Yes No Automatic Fire Extinguishing System with Manual Override

OPERATIONS

Description of Operations: _____

Home Port: _____ Marina Private Residence Other _____

Waters Navigated: _____

DOCKING:

Summer docking location: _____

Winter docking location: _____

Is docking area leased? Yes No If yes, from whom: _____

Is parking provided for passenger's vehicles: Yes No

Distance from parking area to vessel: _____

Maximum # Passengers any one trip: _____ Number of Charters per Year: _____

Lay up period (if any): From: _____ To: _____ On Land In Water

If lay up period, give location: _____

Is this vessel being held for sale: Yes No

SERVICE ABOARD:

Food Service Yes No Alcohol Served Yes No Full Bar Yes No Beer & Wine Only Yes No

Total Receipts for Food and Beverage Service: \$ _____

Breakdown: Food: \$ _____ Alcohol: \$ _____

Is food catered by outside vendor: Yes No If yes, name of outside vendor: _____

Certificates of Insurance from outside vendor: Yes No

Are servers trained in alcohol awareness: Yes No Name of course taken: _____

Certificate of Inspection: (Please attach copy of current Cert.) Effective From: _____ To: _____

CAPTAIN INFORMATION:

List all Captains who may operate the vessel:

NAME	LICENSE NUMBER
_____	_____
_____	_____
_____	_____
_____	_____

PASSENGER INFORMATION:

Total number of passengers allowed: _____ Average number of passengers per trip: _____

CREW INFORMATION:

Total number of crew on board including the Captain: _____ Is the crew drilled on emergency procedures: Yes No

Average length of time that the crew has served on this vessel: _____ Number of crew holding first-aid certificates: _____

Number of crew with CPR training: _____

Are passengers allowed to swim, snorkel or scuba dive from the insured vessel? Yes No

If yes, explain: _____

TRIP INFORMATION:

Duration of trips (i.e. 1 hour, 3 hours, etc.): _____

COVERAGES

	LIMIT	DEDUCTIBLE	PREMIUM
Hull	\$ _____	\$ _____	\$ _____
P&I	\$ _____	\$ _____	\$ _____

SUPPLEMENTAL COVERAGE REQUESTED

Tender: Description of Tender: _____

Amount of insurance requested: \$ _____

Deductible: \$ _____

Medical Payments (\$25,000. Maximum): \$ _____

Breach of Warranty: Amount of Mortgage: \$ _____

Loss of Earnings: Annual Gross Receipts: \$ _____

Highest Receipts any one month: \$ _____

Amount of insurance requested: \$ _____

Miscellaneous Articles Floater (provide schedule of items to be specifically insured): Total Amount: \$ _____

S.R.C.C. Including V. & M.M.

Pollution Buy Back

Gangway and Ticket Area Extension

You understand and agree this application is a request for a quote based on the information provided herein. You understand and agree the actual coverage, terms and conditions offered by MPG may be different than your request contained herein. The actual terms and conditions for coverage provided are represented by the policies issued and supersede any request or representations made prior to issuance.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Applicant's Signature: _____	Date: _____
Print Name: _____	Title: _____